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## Review

# The benefits and caveats of international nurse migration


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## ABSTRACT

Worldwide, there is a dramatic shortage of nurses. An increase in the migration of nurses from their home countries to recipient countries is having a global effect on the healthcare system. This global phenomenon stems from historical, economical, social, and political factors. Migration has a significant impact on both the individual and national level. This article summarizes the factors that contribute to nurse migration from the perspective of the source and recipient countries. Additionally, the impacts and issues surrounding nurse migration were also analyzed.

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There is currently a worldwide nursing shortage. In 2013, the International Council of Nurses Workforce Forum found that most industrialized countries are or will be imminently facing a nursing shortage due to the increased demands for healthcare. A warning has been issued as inadequate nurse staffing levels pose a risk to patients and society [1]. According to projections from the U.S. Bureau of Labor Statistics for 2008–2018, registered nurses (RNs) are the fastest growing segment of the profession, with more than 274,000 RN positions expected in hospitals nationwide over the next ten years [2]. A survey performed by the World Health Organization (WHO) found that 77% of developed countries are

facing a nursing staff shortage, with nearly all of the countries relying on nurses from abroad to ease this situation [3]. As in developed countries, the global nursing shortage is also apparent in developing countries. In 2002, hospitals throughout South Africa estimated vacancy rates of 30% [4].

Typically, the nurse migration stream moves predominantly from developing countries to industrialized countries. The Philippines is currently the largest source of migrant nurses worldwide. Other source countries include the Caribbean, South Africa, Ghana, India, Korea, China etc. These nurses primarily migrate to the United States, the United

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Kingdom, Norway, Australia, Ireland, and Saudi Arabia. Some developed countries, such as the United Kingdom and Australia are both a source and recipient for the migrating nurses.

## 1. Factors influencing international nurse migration

The global nursing shortage is not the sole determining factor for why nurses enter the migration process and the underlying reasons are complicated. Nurses are pushed by their home countries and pulled by recipient countries to migrate. The conditions of the recipient countries represent a pull factor as they attract and facilitate the movement of nurses toward that country. In the home (source) country, substandard conditions or circumstances encourage nurses to leave their country or location of work and thus represent the push factors [5].

The availability of jobs, opportunities for professional or career advancement, personal development, recognition of professional expertise, a professional work environment, sensitive employment policies, stable socio-political environments, quality of life improvement, attractive salaries, and social and retirement benefits represent several of the pull factors that attract nurses to the recipient countries. The following push factors in the source country contribute to nurse migration: low wage compensation, limited career opportunities, limited educational opportunities, lack of resources to work effectively, unstable and/or dangerous working conditions, lack of social and/or retirement benefits, an unsatisfactory or unstable political environment and the prevalence of HIV/AIDS. International Centre on Nurse Migration reported that the primary causes of migration ('push' factors) stem from a desire for more professional development opportunities, a need for greater wage compensation and, in some cases, a need for personal safety due to political upheaval [6].

It is a combination of both the push and pull factors that incite international nurse migration. Nurses from poor countries with lower compensation rates (push factor) will be attracted to wealthy countries with higher salaries and greater employee benefits (pull factors). Moreover, attractive recruitment strategies from the recipient country intensify the pulling force.

## 2. Impacts and issues of nurse migration

International nurse migration affects many countries across the world. The process of migration can be beneficial at both the individual and countrywide level. There are, however, also negative effects that can have a significant impact.

### 2.1. Effects of migration on nurse immigrants

When considering the effect of nurse migration on the individual, there are both positive and negative aspects. The most general and significant benefit that migration has on nurses is the improved financial situation for the nurse and his/her

family. For the vast majority of migrant nurses, the financial considerations are likely the primary factor that influences their decision. A majority of nurses are poorly compensated worldwide, particularly in developing nations [7]. Even though nurses' pay is not favorable in developed country, the money is considerable and substantial for nurses from developed country. Nurses from developing nations make, on average, ten to twenty times more than what they would earn in their home countries [8]. With this increase in earnings, nurses are able to send money back to their home countries and improve the lives of their families.

Although the increased salary is a great benefit to migrant nurses, there are also several unfavorable experiences that these nurses endure in the recipient countries. First, there is often a period of adjustment to the new work environment that can prove challenging. Many nurses must leave their families behind to work in the new country and it is difficult to live in an unfamiliar place without that support network. Previous research has shown that foreign-trained nurses have trouble adjusting to a new work environment in a foreign country [9]. Language and cultural differences are frequently reported as sources of difficulty for migrant nurses. Because of the presence of an accent, immigrant nurses often have language difficulties, even when their native language is the same as that of the recipient country [10]. Adaptation to a rigorous set of occupational standards in the recipient country can also pose a challenge for this population of nurses [5]. Stark cultural differences can make it difficult to assimilate into the recipient country as well. For example, a Korean-trained nurse likened the cultures of Korea and the United States to oil and water; the cultural differences made it difficult for her to adapt to a new environment [11].

Immigrant nurses also face challenges when forming working relationships with the host nurses in a healthcare organization [12]. When immigrant nurses are able to establish a good relationship with their colleagues, the nurses are motivated to stay in their work and the safety and quality of care is increased [13]. Alternatively, impaired workplace relationships result in a sense of frustration with the work [9]. Some nurses reported feelings of isolation, loneliness, difficulty coping, frustration, confusion, and loss of self-confidence and self-esteem during the adjustment process [14,15]. Moreover, studies have shown that immigrants, particularly those from Asian countries, experience both high rates of psychological distress and depression [14,16]. A majority of nurse immigrants suffer from the emotional loss of their family. Long-term geographical separation from their family leads the nurses to have feelings of insecurity regarding their marriages and sadness over the lost emotional connection with their children.

Discrimination is an essential ethical issue in nurse migration. Migrant nurses often suffer from discrimination due to poorly implemented equal-opportunity policies and pervasive double standards [11]. Because of nationality and race, these nurses are treated unequally, which is a blatant violation of human rights. Although a recruiter may offer a particular salary, migrant nurses often arrive in the recipient country to find the compensation less than what was originally promised [17]. Despite working the same hours and same number of shifts, migrant nurses are compensated less

than nurses who were born in the recipient country. Moreover, nurses originating from developed nations such as the United States, the United Kingdom, or Australia were paid higher salaries than nurses who migrated from the Philippines, China, or India [11]. While some migrant nurses may take this inequality for granted, others will deem this unjust and discriminatory behavior. Newly arrived migrant nurses are taken advantage of and prone to unsafe labor practices and mandatory overtime because of contractual agreements, a language barrier, or fear of retribution [18]. In addition, nurse immigrants are often restricted to entry-level positions, predominantly performing direct care or work that is less desirable, and may be excluded from job opportunities that would lead to upward career mobility [19,20]. The unequal opportunity prevents nurses from obtaining further training and advancement or managerial positions [21]. Migrant nurses can also suffer discrimination from the patients themselves, who will refuse treatment from a nurse due to their ethnicity or nationality [11].

## 2.2. Effects of nurse migration on the source country

One of the most obvious and favorable effects of nurse migration on the source country, especially in developing nations, is the considerable money sent home from nurses abroad each year. Some of the developed recipient countries boast that the remittances overseas sent back by migrant nurses provide much needed financial support to the source countries [8]. The WHO estimated that overseas healthcare workers sent approximately \$70 billion to their source countries in 1995 [8]. Unfortunately, however, much of the money is not reinvested back into the healthcare system [22].

Although overseas nurses sent back large sums of money to their home countries, it was unable to offset the loss of skilled nurses. Nurses migrating from developing to developed countries are often leaving behind an already disadvantaged system [23]. Migration of these nurses from poorer nations creates a vicious cycle in their healthcare system. The undesirable work conditions and low compensation spur health professional immigration to more developed countries. This in turn results in an increased workload and deleterious work conditions in the source country, which further prompts more nurses to migrate away from the home country. Sub-Saharan Africa suffers from 25% of the world's disease burden yet they only have 1.3% of the trained health workforce and 1% of the world's financial resources, which includes loans and grants from abroad [24]. Thus, the nursing shortage is more severe and felt more strongly in the source countries. The migration drains the source countries of desperately needed skilled personnel.

Nurse migration can also be beneficial to the source country. Nurses working abroad can aid in the development of transnational connections and partnerships. Moreover, if the nurses return to their home nation, they bring with them enhanced skills and new ideas [25]. In developing countries specifically, the experience gained by nurses working abroad in more developed nations may enhance the knowledge and skills and build the self-confidence of their home healthcare practice. Because of these potential benefits, nurse migration can be seen as a double-edged sword for the source country.

Research has shown, however, that the negative impacts of nurse migration far outweigh the benefits [26–28].

Another negative effect that source countries experience in the wake of nurse migration is the educational expenditure. Developing nations often publicly fund or subsidize nursing education. When publicly funded nurses move to a new country, the source country loses both the healthcare professional and the money invested in their education [29]. Thus, it is as if the poorest countries are subsidizing the cost of educating healthcare workers for wealthier nations. Approximately 70% of nursing graduates from the Philippines move abroad [30]. The large percentage of migrant nurses raises the question of whether migration is an individual's choice and/or right or if they are escaping a social responsibility. This question prompts important questions on human rights, social and international justice, and the complex relationship between them. Serving within the national healthcare system is a nurse's social responsibility, particularly when the source country has invested significantly in their education. Nurses may be seen as immoral or socially irresponsible for leaving their developing country behind to go to another country for personal reasons. Alternatively, these nurses also have the right to migrate to obtain better living conditions, career advancement, and professional development opportunities.

## 2.3. Effects of migration on the recipient country

While nurse migration helps to offset the nursing shortage in recipient countries, there are also several concerns that are raised by the process. One of the primary concerns that recipient countries have with migrant nurses is the safety of their patients. Foreign-educated nurses may have a different level of education or language ability, which could affect patient safety or quality of patient care [27]. Nurse migration results in a multicultural nursing workforce within the healthcare system, however the healthcare standards vary from country to country. Healthcare team performance may be hindered due to the different cultural backgrounds of the nurses. Although many recipient countries have a multinational healthcare work force, extreme multicultural diversity may limit the productivity of the nursing team. It also takes time for teams to embrace and integrate new cultures [31]. Some researchers have suggested that a more sophisticated selection procedure for recruitment and an ongoing evaluation of health outcome with regard to diversification of the workforce should be implemented to minimize safety issues that may arise due to migrant nurses [27]. Alternatively, a multicultural workforce may be advantageous in offering better person-centered care for multicultural patients and for patients in general.

Some recipient countries gain an indirect economic benefit from migrating nurses. In countries such as the United Kingdom or Australia, foreign-educated nurses are required to complete a 1- or 2-year pre-registration nurse course as well as language classes prior to employment. In Australia, for example, individual nurses pay up to \$20,000 per year for these courses. In addition to these tuition costs, these nurses also pay for their basic living costs. Thus, for recipient countries, training migrant nurses is a profitable industry and contributes to their national economy.

Several ethical issues are also raised for the recipient countries. It is highly contentious whether recipient countries should be allowed to recruit nurses from abroad, particularly if they are developing countries or countries already experiencing a nursing shortage [4,9]. It is potentially unethical for recipient countries to exploit the nursing workforce from abroad to relieve their own shortage when the source countries have greatly destabilized healthcare systems or when the source countries have invested in the healthcare education of the nurses [22].

### 3. Prospects

The nursing shortage and overseas recruitment of nurses have been a controversial issue for years. Realistically, the issue of international nurse migration will not resolve quickly. Recipient countries should not regard nurse migration as a fundamental or long-term solution to their nursing shortage. McElmurry and colleagues have suggested that recruitment of nurses from poorer countries is akin to “treating a chronic viral illness with an expensive antibiotic. It is the wrong prescription” [22].

From our own analysis of the global nurse migration phenomenon, we conclude that migration of individual nurses has not caused the global nursing shortage. Rather, the shortage is rooted in flawed national healthcare policy in source countries and economic and political strengths of the recipient countries. To resolve the ongoing issue of nursing migration, both the recipient and source countries must make contributions to guide nurse migration in a positive direction.

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